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Recommendation for funding for a short-duration country programme**

Sierra Leone

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Sierra Leone with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $5,448,000 from regular resources, subject to the availability of funds, and $10,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2003.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	2.2
U5MR (per 1,000 live births) (2000)	316
IMR (per 1,000 live births) (2000)	180
Underweight (% moderate and severe) (2000)	27
Maternal mortality ratio (per 100,000 live births)	..
Literacy (% male/female) (2000)	51/23
Primary school attendance (% net, male/female) (2000)	43/40
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (%) (2000)	57
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	130
One-year-olds fully immunized against:	
Tuberculosis	73 per cent
Diphtheria/pertussis/tetanus	22 per cent
Measles	62 per cent
Poliomyelitis	61 per cent
Pregnant women immunized against tetanus	30 per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. A child in Sierra Leone is among the most vulnerable of all children in the world. The country has the lowest Human Development Index (0.252), the lowest life expectancy (37.9 years), an infant mortality rate of 170 per 1,000 live births and an under-five mortality rate of 286 per 1,000 live births. Malnutrition is widespread, with 27 per cent of children under five years of age underweight and 34 per cent stunted. The maternal mortality ratio is estimated at 1,800 per 100,000 live births, and the prevalence of anaemia among pregnant women is 86 per cent. Malaria, diarrhoea, acute respiratory infections, measles, malnutrition and vaccine-preventable childhood diseases continue to be the major causes of morbidity and mortality among children under five years of age. Currently estimated at 6 per cent, the prevalence of HIV/AIDS is rising fast. There is an alarmingly low level of knowledge about HIV/AIDS, with about one half of the female population unaware of the basic facts about the virus and syndrome. The opportunities for improvement are limited, with only 42 per cent of school-age children enrolled in school, and some 70 per cent of the population are illiterate. With an estimated 82 per cent of the population living in poverty, the vulnerability of children and women is exacerbated. Basic services have been severely weakened as a result of the war. It is estimated that 60 per cent of the 740 health units and one third of the 2,200 primary

schools have been damaged during the war. Few schools or health units have their full complement of trained staff.

2. With the collapse of the 1999 Peace Agreement between the Government of Sierra Leone and the Revolutionary United Front (RUF) (Lome Peace Agreement) and resumption of hostilities in May 2000, humanitarian assistance in large parts of the eastern and northern regions of the country was stopped and has only recently resumed. Currently, about one half of the country, or approximately 1 million people, are considered insecure due to the presence of RUF. The security situation has been stable since the signing of a cease-fire agreement in November 2000. Over 400,000 people are internally displaced, and more than 400,000 are refugees outside the country.

3. The flow of adults and children into the disarmament, demobilization and reintegration programme decreased significantly after the May 2000 crisis. It was estimated that there were 45,000 combatants within RUF, the Sierra Leone Civil Defense Forces, the ex-Sierra Leone Army and other paramilitary groups, 12 per cent of whom were believed to be children. A total of 2,700 child ex-combatants have been demobilized.

4. The economy is beginning to recover, albeit from a very low base. The government budget proposal for 2001 estimated a 3.8 per cent growth in gross domestic product (GDP) in 2000, although recovery in the agricultural sector has been slowed by the insecurity. During 2000, the inflation rate fell from 36 to 4.2 per cent. The external debt burden is estimated at $1.2 billion, or 285.8 per cent of GDP. Scheduled debt service payments, excluding debt relief, are estimated at $61.7 million, or 59.1 per cent of export of goods and non-factor service.

Programme cooperation, 2000-2001

5. The programme was based on a scenario of improving security, stability and access. In 1999, the area of operation was gradually expanding, following the deployment of peacekeeping forces. This came to a dramatic halt just five months into the programme. Access decreased considerably, and humanitarian assistance was suspended to almost one half of the country. The programme was able to continue implementation in government-controlled areas with minimal interruption.

6. Because of the destruction of facilities and massive disruption to staffing, the priority was to rebuild primary health care (PHC) services. The restoration of services through the revitalization of primary health units (PHUs) and expansion of the expanded programme on immunization (EPI) have proven to be an effective strategy. The cold chain is now operating in 10 districts and coverage is gradually increasing. Full immunization coverage now stands at 39 per cent. Through negotiation with RUF, the polio campaign has reached all areas of the country, with over 800,000 children vaccinated. At the same time, 77 per cent of the children targeted were provided with vitamin supplementation. Through direct support to an increasing number of PHUs, the essential drugs system is being rebuilt, district health management is being strengthened, and the number of staff trained to improve quality of services is increasing.

7. As the lead agency for child protection in the disarmament, demobilization and reintegration programme, the UNICEF child protection programme has worked

successfully with the Ministry of Social Welfare, Gender and Children's Affairs to build a network of child protection agencies. Common standards have been applied and a system developed to enable a response to any situation. Almost 2,000 children entered the disarmament, demobilization and reintegration programme during the first six months, but following the May crisis, the number entering the programme shrunk to a trickle, and tracing and family reintegration were severely limited by inaccessibility and population displacement. Alternative long-term care systems (foster care, group homes, etc.) were established to assist children who could not be reunified immediately with their families. In 2000, 2,312 children were assisted, 46 per cent of whom were reunified with their families and 28 per cent of whom were placed in alternative care. Programmes established in 1999 to assist girls who had been sexually abused assisted a further 231 children in 2000; to date, 585 girls are back in school or undergoing skills training. In preparation for the Truth and Reconciliation Commission, procedures are being prepared to guide the involvement of children in the process.

8. The water and sanitation programme responded to a sudden increase in the number of internally displaced persons (IDPs) following the May crisis, and the influx of returning refugees from Guinea since September 2000 when the security situation there deteriorated. The commitment to improve services in PHUs and schools was also maintained. In one year, 173,000 people, 18 schools and 11 PHUs were provided with access to a source of safe drinking water in seven districts. A water bowser and a latrine evacuation truck provide water and sanitation facilities to 30,000 IDPs within Freetown. Latrines were constructed in households and public markets to provide 108,000 people with basic sanitation facilities. Initiatives to reduce the incidence of cholera, including the use hygiene education promoters and well chlorination, have proven successful.

9. In 2000, 67 schools were assisted, improving access for over 30,000 children. To enable war-affected children to re-enter the formal school system, the rapid response education programme, with over 10,000 children enrolled and complementary rapid education for primary schools, with nearly 2,000 children enrolled, were started and show encouraging signs. Similarly, the non-formal education system has received good community support, enrolling 18,000 children, with an 87 per cent retention rate.

Lessons learned from past cooperation

10. The strategy of support to sector development, revitalization of service delivery at the point of delivery, development of unique programmes for specific areas of need and rapid response to acute emergencies have proven to be valid for the current situation and projected scenarios.

11. EPI, particularly the polio eradication campaign, has offered a tangible entry point for the revitalization of PHC services. In addition, it creates opportunities to increase the coverage of health services into RUF-held areas. Support to district health management teams (DHMTs) is starting to show an impact on the quality of services, but with weak infrastructure, the development of sustainable systems remains a long-term goal.

12. Child protection and reunification within a national context of ongoing conflict are highly complex. While the Government is firmly committed to stopping the use

of child soldiers, some of the armed forces are still recruiting children. More targeted advocacy will be required to end this practice. The involvement of the local community, along with long-term follow-up support and access to education, are vital elements to successful reintegration. The Child Protection Network (CPN) enables the provision of an effective and comprehensive care service.

13. The water and environmental sanitation sector is constrained by a lack of implementation capacity despite severe needs. While investment levels remain low, it will be difficult to attract private drilling contractors. Community maintenance, sanitation and hygiene promotion require considerable strengthening.

Recommended programme cooperation, 2002-2003
Estimated annual expenditure
(In thousands of United States dollars)

	2002	*2003*	*Total*
Regular resources			
Health and nutrition	450	475	925
Water and sanitation	300	370	670
Education	450	475	925
Child protection	450	475	925
HIV/AIDS	220	230	450
Planning, monitoring and evaluation	150	160	310
External relations and advocacy	150	160	310
Cross-sectoral costs	459	474	933
Subtotal	**2 629**	**2 819**	**5 448**
Other resources[a]			
Health and nutrition	1 100	1 100	2 200
Water and sanitation	600	600	1 200
Education	800	800	1 600
Child protection	1 500	1 500	3 000
HIV/AIDS	535	535	1 070
Planning, monitoring and evaluation	100	100	200
External relations and advocacy	100	100	200
Cross-sectoral costs	265	265	530
Subtotal	**5 000**	**5 000**	**10 000**
Total	**7 629**	**7 819**	**15 448**

[a] In addition, these programmes will be funded through emergency appeals estimated to raise $5.2 million each year, based on the experience gained through the appeals in 1999-2001.

Country programme preparation process

14. The country programme preparation process started in September 2000 with the development of the 2001 Consolidated Appeals Process (CAP), which was based on a comprehensive assessment involving United Nations agencies, the Government, donors and non-governmental organizations (NGOs), and approved by the Ministry of Development and Economic Planning and the National Commission for Reconstruction, Resettlement and Rehabilitation (NCRRR). The draft country programme recommendation was developed from additional sector-specific reviews and a log-frame analysis for each proposed programme. Under the coordination of the Ministry of Development and Economic Planning, the counterpart ministries approved the proposed programme of cooperation.

Country programme goals and objectives

15. In respect of the precarious nature of the rights of children in Sierra Leone, the country programme goal is to strengthen the systems that can protect and fulfil the rights of these children. The programme objectives are to work in safe areas of the country to: (a) increase access to quality PHC services; (b) increase access to sustained water and sanitation facilities, and improve personal hygiene practices; (c) increase access to quality primary education; (d) ensure access to care and protection for separated children, including child ex-combatants in need of special protection; (e) increase knowledge and life skills of adolescents for protective behaviours with regard to HIV/AIDS; and (f) promote implementation and monitoring of the Convention on the Rights of the Child.

Relation to national and international priorities

16. The country programme will be a part of the Government's plan for post-war reconstruction and poverty reduction, with priority on health, education and water and sanitation services, and HIV/AIDS prevention. The child protection programme is central to the Government's plans for the demobilization and reintegration of the child ex-combatants. The country programme includes UNICEF core commitments in emergencies, as well as commitments for the protection of children and advocacy against the use of children by the armed forces. Furthermore, the programme reflects priorities on HIV/AIDS, access to basic services, school enrolment of girls and the reduction of maternal mortality.

Programme strategy

17. The programme design is based on the most likely scenario, but with the ability to adapt to changes. It is expected that the current situation will continue, and there will be a slow deployment of the United Nations Mission in Sierra Leone (UNAMSIL) into RUF areas and a gradual increase in access to civilians currently cut-off from humanitarian assistance. The lack of access will limit resettlement of IDPs in the north and east. Most IDPs will resettle in the western area and the south, putting a strain on host communities. A resumption of active hostilities, combined with increased cross-border incursions and massive population displacement,

constitute the worst case scenario. Freetown would be under threat, and the majority of the country would be inaccessible to humanitarian assistance. The resettlement of IDPs would be severely curtailed, leading to a high IDP population in the Freetown area. The least likely scenario is a resumption of the Lome Peace Agreement commitments and a stable security situation, whereby the disarmament, demobilization and reintegration programme accelerates rapidly, and the entire country comes under government control and is accessible for humanitarian assistance.

18. With a fractured and weakened service delivery system, it is necessary in the next two years to focus on strengthening service delivery to build the capacity of communities and families to carry out their obligations for the protection and fulfilment of children's rights in subsequent years. The programme will be implemented in such a way as to contribute to the peace-building process and create opportunities to extend basic services to women and children in areas currently occupied by RUF. The programme will be implemented through four basic strategies: service delivery; advocacy and social mobilization; capacity-building; and emergency preparedness and response.

19. The overall programme priority is to increase access to basic service delivery and improve the quality of services. This will require support to all aspects of the delivery systems. Direct support to 100 PHUs and 100 schools in the same locality, including support for water and sanitation facilities, will act as the entry point for a range of community-based interventions, from growth monitoring, safe motherhood and hygiene behaviour change to community-based maintenance of water sources. In addition, the programme will support services to displaced populations, returning refugees and their host communities. Advocacy and communication will be threads woven throughout the programme. Advocacy will be undertaken to ensure that no armed forces are using children, as well as for the protection of the best interests of the child in the Truth and Reconciliation Commission and Special Court. Social mobilization will be a major strategy to increase adolescents' knowledge of HIV/AIDS and to promote safe behaviour, re-establish community-based maintenance for water sources and promote hygiene behaviour change. Capacity-building will concentrate on strengthening the planning, data collection and use, monitoring and supervision systems of the national and district authorities within the context of the decentralization policy. In addition, teachers and 1,000 health staff will be trained. Emergency preparedness and response will be an integral part of the programme. The two most likely types of emergencies are displacement and disease outbreaks, such as cholera, measles and yellow fever. The programmes will have sufficient contingency supplies to respond immediately to the needs of 10,000 displaced people, while at the same time including all the interventions as set out in UNICEF core corporate commitments. Special attention will be paid to abused children, especially girls.

20. **Health and nutrition**. This programme will be based around specific and well-accepted services. Support to EPI and 100 PHUs will form the core. The EPI project will cover all safe areas with cold rooms and EPI services, operating from 500 PHUs, with an additional 1,000 health staff and 10,000 trained in vitamin A supplementation. Building on the success of the polio campaign in reaching all areas of the country, the EPI project will endeavour to increase coverage in RUF-occupied areas. One polio subnational immunization day each year is planned. The interventions will contribute to achieving the target of 60 per cent fully immunized

children and 90 per cent coverage for vitamin A supplementation. Under the district PHC management project, support will be provided to strengthen policy development, DHMT team skills in supervision and planning, staff training on case management and essential drugs, management information systems and supply management. Essential drugs will be supplied to 100 PHUs, and community-based activities facilitated from PHUs will be restarted. The safe motherhood project will supply 200 PHUs with drugs and bednets for each pregnant woman in an effort to reduce anaemia. The 2,000 trained traditional birth attendants will identify and refer at-risk women and encourage 80 per cent of pregnant and lactating women to enrol in anaemia prevention activities. Using community health workers as the entry point, the community growth monitoring project will enable the catchment communities of 100 PHUs to identify and take action for the rehabilitation of malnourished children.

21. **Water and sanitation**. This programme will support interventions through an integrated approach, with an emphasis on community-based sustainability and good hygiene practices. Community-based maintenance will be revitalized. Extension staff will be supported to carry out the community work before, during and after construction. Some 40,000 IDPs and returning refugees and 50,000 people in the IDP resettlement programme will have access to sustained safe water and sanitation. In addition, water and sanitation facilities will be provided for 100 schools and PHUs that will also serve as the entry points for the promotion of hygiene practices in the catchment communities, with the aim of reducing the incidence of diarrhoeal diseases by 30 per cent.

22. **Education**. This programme aims to improve access to quality primary education through support for renovations and the supply of learning and teaching materials to enable a further 110,000 children to attend school, and the establishment of non-formal schools to give access to schooling to 20,000 children. Support to the complementary rapid education for primary schools programme will enable 100,000 children older than school age who have been directly affected by the war to enter the formal schooling system. The programme will respond to emergency situations to limit disruption to education in conditions of displacement.

23. **Child protection**. This programme is in a unique position to support planning, coordination and quality control for the protection of all categories of separated children, including ex-combatants. The programme will support the efforts of CPN and its partners to provide care, protection and reintegration. In addition, support will be provided for the care and protection of girls in need of special protection, including pregnant teenagers and child sex workers, in the main urban areas. Monitoring systems will be expanded to identify and follow-up on violations regarding children. The protection of children within the judicial system will focus on the protection of their rights in the Truth and Reconciliation Commission and Special Court and their care and protection in judicial custody.

24. **HIV/AIDS**. Adolescents will be the main targets and actors of this programme. Using all effective mass communication channels, the programme will bring adolescents together with technical specialists to provide information in a straightforward and unambiguous way in a format that is attractive to adolescents. In addition, to enable adolescents to gain life skills in a constructive environment, the life skills project will work with 100 secondary schools to facilitate in-school and out-of-school peer activities.

25. **Planning, monitoring and evaluation**. For this programme, the Planning, Monitoring and Evaluation Unit will provide inputs to ensure that the needs of children and women are addressed in new social policies resulting from the Poverty Reduction Plan. At the same time, to support the planning process, the Unit will maintain an up-to-date situation analysis, monitoring data on the programme and emergency preparedness plans.

26. **External relations and advocacy**. For this programme, the External Relations and Advocacy Unit will provide information to national and international media and donors on the programme and the situation of women and children in Sierra Leone. In addition, the Unit will be responsible for expanding the Global Movement for Children around the issue of Education for All, the promotion and monitoring of children's rights, and the Child Rights Law.

27. **Cross-sectoral costs** will ensure the availability of administrative, financial, supply and logistics support for implementation of the country programme.

Monitoring and evaluation

28. An integrated monitoring and evaluation plan has been developed based on a logical framework analysis of each programme. There is a lack of accurate data, and specifically targeted surveys and studies will be required. Data collection and management at the district level will be strengthened to provide monitoring information. Data will be collected from counterpart and partner reports, in combination with supervision and monitoring field visit reports. Field offices will closely monitor implementation and make weekly reports. Regular progress reviews and detailed annual programme reviews, as well as a CAP review, will be undertaken.

Collaboration with partners

29. CAP brings together all of the United Nations agencies, NGOs and the Government for common assessment and joint programming. In addition, UNICEF collaborates closely with the World Health Organization (WHO), the United Nations Population Fund and other partners in the HIV/AIDS Theme Group, as well as on other health interventions. The programme will partner with a wide range of national and international NGOs that provide services for child care and protection, health care, and the provision of water and sanitation. Partners in each sector meet regularly to share information and coordinate interventions. In supporting the disarmament, demobilization and reconciliation programme, UNICEF will work closely with the Government, the World Bank and UNAMSIL. Joint planning in the health sector will be undertaken with the World Bank and WHO.

Programme management

30. Under the overall coordination of the Ministry of Development and Economic Planning and NCRRR, a committee from the counterpart ministry and UNICEF will jointly manage each programme. UNICEF will manage the programme from its main office in Freetown, with support from three zonal offices. Depending on the

security situation, the zonal offices in Bo, Kenema and Makeni will provide logistics support and monitor programme implementation in the Southern, Eastern and Northern Provinces, respectively.

TABLE

COUNTRY : SIERRA LEONE
PROGRAMME : 2002-2003

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	925,000		925,000	0	0	0	1	0	0	1	0	1	2	344,868	19,859	364,727
WATER, ENVIRONMENT & SANITATION	670,000		670,000	0	0	0	0	0	0	0	1	1	2	0	75,452	75,452
EDUCATION AND YOUTH DEVELOPMENT	925,000		925,000	0	0	0	1	0	0	1	0	1	2	344,868	19,859	364,727
CHILD PROTECTION	925,000		925,000	0	0	0	1	0	0	1	0	1	2	344,868	19,859	364,727
PLANNING,MONITORING AND EVALUATI	310,000		310,000	0	0	0	0	0	0	0	1	1	2	0	83,190	83,190
EXTERNAL RELATION AND ADVOCACY	310,000		310,000	0	0	0	0	1	0	1	0	0	1	304,491	0	304,491
HIV AIDS	450,000		450,000	0	0	0	0	0	0	0	1	1	2	0	75,452	75,452
CROSS-SECTORAL COSTS	933,000		933,000	0	0	0	0	1	0	1	4	16	21	304,491	400,129	704,620
TOTAL RR	5,448,000		5,448,000	0	0	0	3	2	0	5	7	22	34	1,643,586	693,800	2,337,386
OTHER RESOURCES :																
HEALTH AND NUTRITION		2,200,000	2,200,000	0	0	0	0	0	0	0	5	1	6	0	252,468	252,468
WATER, ENVIRONMENT & SANITATION		1,200,000	1,200,000	0	0	0	1	0	0	1	1	1	3	344,868	83,190	428,058
EDUCATION AND YOUTH DEVELOPMENT		1,600,000	1,600,000	0	0	0	0	0	0	0	2	0	2	0	98,581	98,581
CHILD PROTECTION		3,000,000	3,000,000	0	0	0	0	0	0	0	2	0	2	0	85,976	85,976
PLANNING,MONITORING AND EVALUATI		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EXTERNAL RELATION AND ADVOCACY		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV AIDS		1,070,000	1,070,000	0	0	0	0	0	0	0	1	0	1	0	42,988	42,988
CROSS-SECTORAL COSTS		530,000	530,000	0	0	0	0	0	0	0	1	9	10	0	176,324	176,324
TOTAL OR		10,000,000	10,000,000	0	0	0	1	0	0	1	12	11	24	344,868	739,527	1,084,395
TOTAL RR & OR	5,448,000	10,000,000	15,448,000	0	0	0	4	2	0	6	19	33	58	1,988,454	1,433,327	3,421,781
SUPPORT BUDGET	Operating costs		533,596													
	Staffing			0	0	1	2	0	0	3	2	9	14	1,139,914	341,798	1,481,712
GRAND TOTAL (RR + OR + SB)				0	0	1	6	2	0	9	21	42	72	3,128,368	1,775,125	4,903,493
Number of posts and staff costs:																
Current programme cycle										9	14	36	59			
At the end of proposed programme cycle (indicative only)										9	21	42	72	3,128,368	1,775,125	4,903,493

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.